

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	MD	666080	9/16/99

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 + Restricted O Objected

Claim	Date
1	Original
2	3/2000
3	9/2000
4	11/2000
5	12/2000
6	1/2001
7	2/2001
8	3/2001
9	4/2001
10	5/2001
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12	7/2001
13	8/2001
14	9/2001
15	10/2001
16	11/2001
17	12/2001
18	1/2002
19	2/2002
20	3/2002
21	4/2002
22	5/2002
23	6/2002
24	7/2002
25	8/2002
26	9/2002
27	10/2002
28	11/2002
29	12/2002
30	1/2003
31	2/2003
32	3/2003
33	4/2003
34	5/2003
35	6/2003
36	7/2003
37	8/2003
38	9/2003
39	10/2003
40	11/2003
41	12/2003
42	1/2004
43	2/2004
44	3/2004
45	4/2004
46	5/2004
47	6/2004
48	7/2004
49	8/2004
50	9/2004

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
 staple additional sheet here

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